

20140721

HZ/KC/ST  
8/6/14  
AP

OMB# 2050-0024; Expires 12/31/2014

**SEND  
COMPLETED  
FORM TO:**  
The Appropriate  
State or Regional  
Office.

**United States Environmental Protection Agency  
RCRA SUBTITLE C SITE IDENTIFICATION FORM**



<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	EPA ID Number <u>T X R 0 0 0 0 8 1 5 9 0</u> ✓		
<b>3. Site Name</b>	Name: CVS Pharmacy #10412		
<b>4. Site Location Information</b>	Street Address: 605 North Main Street, Suite E City, Town, or Village: Donna County: Hidalgo State: TX Country: USA Zip Code: 78537		
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <u>4 4 6 1 1 0</u> C. <u>          </u> B. <u>          </u> D. <u>          </u>		
<b>7. Site Mailing Address</b>	Street or P.O. Box: One CVS Drive City, Town, or Village: Woonsocket State: RI Country: USA Zip Code: 02895		
<b>8. Site Contact Person</b>	First Name: Wendy MI: L Last: Brant Title: CVS Corporate Environmental Manager Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Zip Code: 02895 Email: Wendy.Brant@CVSCaremark.com Phone: 401-765-1500 Ext.: Fax: 401-216-0138		
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: Sandoval Properties, LP Date Became Owner: 1/30/2009 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 605 North Main Street, Suite C City, Town, or Village: Donna Phone: 956-464-4406 State: TX Country: USA Zip Code: 78537 B. Name of Site's Operator: CVS Pharmacy, Inc Date Became Operator: 7/1/2013 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

97H 7-31-14



**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☐ N ☒**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐  
b. Pesticides ☐  
c. Mercury containing equipment ☐  
d. Lamps ☐  
e. Other (specify) \_\_\_\_\_ ☐  
f. Other (specify) \_\_\_\_\_ ☐  
g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor  
☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications



**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


1. Name of the estate		2. Social Security number	
3. Date of death		4. Date of filing	
5. Name of the decedent		6. Name of the executor	
7. Name of the administrator		8. Name of the trustee	
9. Name of the beneficiary		10. Name of the surviving spouse	
11. Name of the surviving child		12. Name of the surviving grandchild	
13. Name of the surviving grandchild		14. Name of the surviving grandchild	
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97. Name of the surviving grandchild		98. Name of the surviving grandchild	
99. Name of the surviving grandchild		100. Name of the surviving grandchild	

EPA ID Number T X R 0 0 0 0 8 1 5 9 0

OMB#: 2050-0024; Expires 12/31/2014

**12. Notification of Hazardous Secondary Material (HSM) Activity**

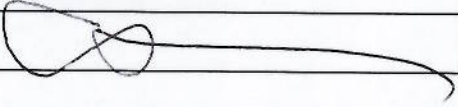
Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

Please deactivate this EPA ID number. The store relocated and another 8700-12 form will be submitted for the new address.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Savage CVS Agent	7/16/2014





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 6  
1445 ROSS AVENUE, SUITE 1200  
DALLAS TX 75202-2733

October 25, 2013

CVS Pharmacy #10412  
ATTN: Wendy Brant  
605 N. Main St., Ste. E  
Donna, TX 78537-2726

To Whom It May Concern:

This letter is to serve as notification that your Notification of Regulated Waste Activity Form (8700-12) has been received and processed. Your EPA ID number is:

**TXR000081590**

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality  
Permitting and Registration Support Division  
Registration and Reporting Section, MC129  
P.O. Box 13087  
Austin, TX 78711-3087  
512-239-6413

Sincerely,

Sontina S. Powell  
Environmental Protection Specialist  
EPA, Region 6  
Multimedia Planning and Permitting Division



October 25, 2013

CVS Pharmacy #10412  
ATTN: Wendy Brant  
605 N. Main St., Ste. E  
Donna, TX 78537-3796

To Whom It May Concern:

This letter is to serve as notification that your Notification of Regulated Waste  
Activity Form (8700-12) has been received and processed. Your EPA ID number

is:

TXR000081290

Future updates to your generator status, owner/operator information or other  
inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality  
Permitting and Registration Support Division  
Registration and Reporting Section, MC139  
P.O. Box 13087  
Austin, TX 78711-3087  
512-239-6413

Sincerely,

Shirley S. Powell  
Environmental Protection Specialist  
EPA Region 6  
Attn: Planning and Permitting Division

RECEIVED

10/24/13  
DP

**SEND  
COMPLETED  
FORM TO:**  
The Appropriate  
State or Regional  
Office.

OCT 08 2013

United States Environmental Protection Agency  
**RCRA SUBTITLE C SITE IDENTIFICATION FORM**  
ENVIRONMENTAL QUALITY



**1. Reason for Submittal**

MARK ALL  
BOX(ES) THAT  
APPLY

**Reason for Submittal:**

- ☒ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☐ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of  $\geq 1,000$  kg of hazardous waste,  $>1$  kg of acute hazardous waste, or  $>100$  kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

**2. Site EPA ID Number**

EPA ID Number TXR0000081590

**3. Site Name**

Name: CVS Pharmacy #10412

**4. Site Location Information**

Street Address: 605 North Main Street, Suite E

City, Town, or Village: Donna

County: Hidalgo

State: TX

Country: USA

Zip Code: 78537 - 2726

**5. Site Land Type**

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

**6. NAICS Code(s) for the Site (at least 5-digit codes)**

A. 4 4 6 1 1 0

C.

B.

D.

**7. Site Mailing Address**

Street or P.O. Box: One CVS Drive

City, Town, or Village: Woonsocket

State: RI

Country: USA

Zip Code: 02895

**8. Site Contact Person**

First Name: Wendy

MI: L

Last: Brant

Title: CVS Corporate Environmental Manager

Street or P.O. Box: One CVS Drive

City, Town or Village: Woonsocket

State: RI

Country: USA

Zip Code: 02895

Email: Wendy.Brant@CVSCaremark.com

Phone: 401-765-1500

Ext.:

Fax: 401-216-0138

**9. Legal Owner and Operator of the Site**

A. Name of Site's Legal Owner: Sandoval Properties, LP

Date Became Owner: 1/30/2009

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 605 North Main Street, Suite C

City, Town, or Village: Donna

Phone: 956-464-4406

State: TX

Country: USA

Zip Code: 78537

B. Name of Site's Operator: CVS Pharmacy, Inc

Date Became Operator: 7/1/2013

Operator Type:

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

RECEIVED  
OCT 09 2013  
REGISTRATION & REPORTING

## 10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

## A. Hazardous Waste Activities; Complete all parts 1-10.

Y ☒ N ☐

## 1. Generator of Hazardous Waste

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

3. United States Importer of Hazardous Waste

Y ☐ N ☒

4. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒

## 5. Transporter of Hazardous Waste

If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

## 6. Treater, Storer, or Disposer of Hazardous Waste

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

## 7. Recycler of Hazardous Waste

Y ☐ N ☒

## 8. Exempt Boiler and/or Industrial Furnace

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

## 9. Underground Injection Control

Y ☐ N ☒

## 10. Receives Hazardous Waste from Off-site

## B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒

1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐  
b. Pesticides ☐  
c. Mercury containing equipment ☐  
d. Lamps ☐  
e. Other (specify) ☐  
f. Other (specify) ☐  
g. Other (specify) ☐

Y ☐ N ☒

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

## C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☒

## 1. Used Oil Transporter

If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

## 2. Used Oil Processor and/or Re-refiner

If "Yes", mark all that apply.

- ☐ a. Processor  
☐ b. Re-refiner

Y ☐ N ☒

## 3. Off-Specification Used Oil Burner

Y ☐ N ☒

## 4. Used Oil Fuel Marketer

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	P001	P042	P075	P081	
D011	D009					

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


EPA ID Number

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OMB#: 2050-0024; Expires 12/31/2014

**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

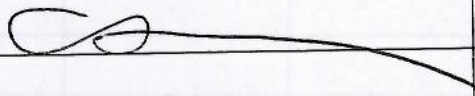
If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed  
(mm/dd/yyyy)

Charles Savage CVS Agent

10/1/2013